

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONERIN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

Richard Huston Aycock NV0813  
Full Name of Plaintiff Inmate Number

v.

Civil No. 1:24-cv-2112  
(to be filled in by the Clerk's Office)

John Doe  
Name of Defendant 1

☒ Demand for Jury Trial  
☐ No Jury Trial Demand

John Doe  
Name of Defendant 2

John Doe  
Name of Defendant 3

John Doe  
Name of Defendant 4

John Doe  
Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

**FILED**  
**SCRANTON**

DEC 06 2024

Per CP  
DEPUTY CLERK

## I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

- ☒ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
- ☐ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
- ☐ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

**II. ADDRESSES AND INFORMATION****A. PLAINTIFF**

Aycock, Richard, Houston  
 Name (Last, First, MI)  
NV0813  
 Inmate Number  
S.C.I. Phoenix  
 Place of Confinement  
1200 Mokychic Drive  
 Address  
Collegeville, PA 19426  
 City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- ☐ Pretrial detainee  
☐ Civilly committed detainee  
☐ Immigration detainee  
☒ Convicted and sentenced state prisoner  
☐ Convicted and sentenced federal prisoner

**B. DEFENDANT(S)**

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

John Doe  
 Name (Last, First)  
Correctional Officer  
 Current Job Title  
S.C.I. Benner Township 301 Institution Drive  
 Current Work Address  
Bellefonte, PA 16823  
 City, County, State, Zip Code

Defendant 2:

John Doe  
Name (Last, First)  
Correctional officer  
Current Job Title  
301 Institution Drive  
Current Work Address  
Bellefonte, PA 16823  
City, County, State, Zip Code

Defendant 3:

John Doe  
Name (Last, First)  
Correctional officer  
Current Job Title  
301 Institution Drive  
Current Work Address  
Bellefonte, PA 16823  
City, County, State, Zip Code

Defendant 4:

John Doe  
Name (Last, First)  
Correctional officer  
Current Job Title  
301 Institution Drive  
Current Work Address  
Bellefonte, PA 16823  
City, County, State, Zip Code

Defendant 5:

John Doe  
Name (Last, First)  
Deputy Superintendent  
Current Job Title  
301 Institution Drive  
Current Work Address  
Bellefonte, PA 16823  
City, County, State, Zip Code

### III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

S.C.I. Benner Township, around 6:20 pm 12/19/23, second claim  
 S.C.I. Benner Township, around 7:30 pm 4/8/24, also Benner Township  
 S.C.I. around 12:00 am 4/12/24

B. On what date did the events giving rise to your claim(s) occur?

12/19/23, 4/8/24, 4/12/24

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

On the day 12/19/23 on about 6:20 pm while being transported or escorted I was slammed on my left side shoulder, dislocating my rotator cuff per surgery doctor evaluation. Benner Township security staff while escorting me for pending misconduct to RHD slammed me down on already injured shoulder for no reason which is inmate abuse. On 4/8/24 my toilet and sink was cut-off due to speculations of me trying to flood my cell to be moved to different cell which was untrue. This caused a unsanitary living condition, me and my cellmate had to live with feces and urine from two different humans in toilet plus cups of urine laying around. all I ask the sergeant to do was fix the toilet because it continues to not work, my cellmate was moved the next day but I had to continue to live this was until 4/11/24 a correction officer got tired of continuing sanction and left my sink and toilet normal. On 4/12/24 I was illegally transferred or placed in Rockview S.C.I. due to me filing grievances and using the grievance process w/out a hearing, this caused confusion for me and others including my family and attorney William Shreve and my criminal docket PC, RIA was dismissed due to me not having communication victimizing from pass complains. My family ~~also~~ also worried.

#### IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

1) My right to be free from cruel and unusual punishment, Basically use of excessive force and physical brutality by prison officials. 2) My right to decent conditions in prison, Basically I have a right to humane conditions in prison both safe and humane. 3) My right to Procedural Due Process rights regarding Punishment, Administrative Transfers, and Segregation, Prisons are not to transfer you to punish you for complaining or to keep you from filing a lawsuit, I was restricted access to courts and restricted timely grievance exhaustion.

#### V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

Shoulder surgery on my left shoulder for torn rotator cuff, which is basically not back to normal. Skin irritation from prison conditions, also my failed due process for court proceedings.

#### VI. RELIEF

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

I'm very much seeking money or monetary relief due to my additional disabilities and hardship I went through for months daily. More so compensatory damages and punitive damages.

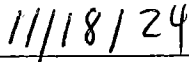
## VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.



\_\_\_\_\_  
Signature of Plaintiff



\_\_\_\_\_  
Date

Smart Communications/PADOC

SCI- *Phoenix*

Name

Number

*Richard Aycock*  
*NO813*

PO Box 33028

St Petersburg FL 33733

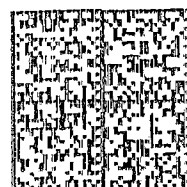
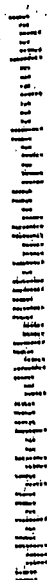
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Smart Communications/PADOC

SCI- *Phoenix*

Name

Number

PO Box 33028

St Petersburg FL 33733

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*Office of the Clerk*  
*United States District Court*  
*for the*  
*Middle District of Pennsylvania*  
*William J. Nealon Federal Bldg. & U.S. Courthouse*  
*235 North Washington Avenue*  
*P.O. Box 1148*  
*Scranton, PA 18501-1148*



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